AGE

29

BRGY. GUADALUPE, BAYBAY CITY

FEMALE

SEX

## MEDICAL CERTIFICATE

(For Employment)

INSTRUCTIONS	
a. This medical certificate should be accomplished by a license b. Attach this certificate to original appointment, transfer and re c. The results of the following pre-employment medical/physica must be attached to this form:  Blood Test Urinalysis Chest X-Ray Drug Test Psychological Test Neuro-Psychiatric Examination (if applicable)	employment.
FOR THE PROPOSED APPO	INTEE
NAME (Last Name, First Name, Name Extension (if any) and Middle Name)	AGENCY / ADDRESS
FALCONE, FELY CANETE	YSU
ADDRESS	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

CIVIL STATUS

MARRIED

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
M FW CMM (3') 1, GMM M  AGENCY/Affiliation of Licensed Government Physician:			
ICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD
	1442 448°	11111	A+
OFFICIAL DESIGNATION	1442	948	7'

Dr 110

PROPOSED POSITION

INSTRUCTOR 1